

LOG OF GOOD FAITH EFFORT DOCUMENTATION
(in accordance with WSATC approved Equal Employment Opportunity Plan)

Review Year: _____

(Sponsor)

1.

(Affirmative Action Plan Activity)

Month	Details of Activities

2.

(Affirmative Action Plan Activity)

Month	Details of Activities

3.

(Affirmative Action Plan Activity)

Month	Details of Activities

4.

(Affirmative Action Plan Activity)

Month	Details of Activities

5.

(Affirmative Action Plan Activity)

Month	Details of Activities

6.

(Affirmative Action Plan Activity)

Month	Details of Activities

7.

(Affirmative Action Plan Activity)

Month	Details of Activities

8.

(Affirmative Action Plan Activity)

Month	Details of Activities

9.

(Affirmative Action Plan Activity)

Month	Details of Activities

10.

(Affirmative Action Plan Activity)

Month	Details of Activities

11.

(Affirmative Action Plan Activity)

Month	Details of Activities